

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025174

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6211

FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in lb
9 yrs. 5 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Chronic Hosp.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
4507 Gibson Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Joseph SEGER

4. DATE OF DEATH
Month Day Year
6-21-62

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2-20-1880

9. AGE (last birthday)
82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Bakery Worker-Freund Baking Co.

10b. KIND OF BUSINESS OR INDUSTRY
Ind.

11. BIRTHPLACE (City and state or country)
U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Peter Seger

13b. MOTHER'S MAIDEN NAME

Emma Daschbach

14. NAME OF HUSBAND OR WIFE

Late Clara Seger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Robert Seger 4534 Gibson Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pyonephrosis with Perinephric abscess, left

INTERVAL BETWEEN ONSET AND DEATH

3 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Nephrolithiasis 6024

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-13-53 to 6-21-62 and last saw her alive on 6-21-62
Death occurred at 5:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

Berg M. Janke, MD

22b. ADDRESS

5600 Acorn

22c. DATE SIGNED

6/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

JUN 22 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest W. Spillers
4080

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.